

**RELOCATION INFORMATION  
GENERAL PERMIT NO. 3  
MOBILE FACILITIES**

**This form is to identify the locations at which ONE portable facility will be located  
NOT to permit multiple facilities for one permit**

**OPERATOR / CONTACT INFORMATION.** Give legal name of person, firm, or public organization which operates the facility described in this application. Include name, mailing address and telephone number of a contact person if different from operator or owner.

AUTHORIZATION NUMBER OR PERMIT NUMBER:

**IA** - \_\_\_\_\_ - \_\_\_\_\_

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE

(     )

**Number site locations consecutively beginning with 1 for the first site of the calendar year followed by 2 for the second etc.,**

**SITE LOCATION NO.** \_\_\_\_\_

ADDRESS / LOCATION OF PROJECT:

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DESCRIPTION OF PROJECT:

ESTIMATED TIMETABLES:

Discharge Start Date: \_\_\_\_\_

Discharge End Date: \_\_\_\_\_

Has a public notice been published for at least one day in newspapers with the largest circulation in the area where the discharge is located. (Check One) ☐ Yes ☐ No. (Attach copy of public notice)

Give the location by section/township/range or latitude/longitude

1/4 SECTION	SECTION	TOWNSHIP	RANGE	LATITUDE			LONGITUDE		
				DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS

Receiving Water(s):

**SITE LOCATION NO.** \_\_\_\_\_

ADDRESS / LOCATION OF PROJECT:

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DESCRIPTION OF PROJECT:

ESTIMATED TIMETABLES:

Discharge Start Date: \_\_\_\_\_

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				DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS

Receiving Water(s):

Return completed form to:

**Storm Water Coordinator  
Iowa Department of Natural Resources  
502 E 9th Street  
Des Moines, IA 50319-0034**

Questions may be directed to the Storm Water Coordinator at (515) 281-7017.

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DESCRIPTION OF PROJECT:

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Receiving Water(s):